measles from other eruptive diseases and skin diseases resembling it, among which are rötheln, scarlet fever, beginning influenza, forms of erythema multiforme, and some drug eruptions.

This sign can be seen only in very strong daylight falling from a window directly on the mucous membrane. It is necessary to evert the lips and cheeks either with a spatula or the finger.

[We can confirm the existence of this sign in the pre-eruptive stage of many cases of measles, and have come to attach great value to it as an aid to early diagnosis. If detected early it furnishes a most reliable means of distinguishing measles when the early eruption assumes the maculo-papular form so suggestive of variola.]

A Fatal Case of Hemorrhage Under the Scalp in a Newborn Infant. —C.W. TOWNSEND (*Boston Medical and Surgical Journal*, March 3, 1898, p. 207) reported this curious accident in an infant coming under his care at the Boston Lying-in Hospital. After a short first stage of four and one-half hours, and a second stage of two hours and fifteen minutes, the child was delivered with forceps, because of lack of progress and what was thought to be a large caput succedaneum. After the delivery the supposed caput instead of decreasing became larger, and was found to be soft and fluctuating, and was due evidently to an effusion of blood. On the third day it was still larger, extending over the whole cranium. The infant was pale, and its rectal temperature was only 96.8°. On the seventh day the tumor was still increasing, extending over the frontal bones and down the sides of the skull. Death ensued on the tenth day.

At autopsy the body was greatly blanched. A firm blood-clot extended under the scalp and above the periosteum (thus differing from a cephalhæmatoma) over the entire cranium, three-quarters of an inch thick in places. This clot reached from the foramen magnum behind to the middle of the frontal bones anteriorly, and down to the ears on both sides. The child had bled to death under its scalp. It was impossible to find the source of the hemorrhage, but there seemed to be several points of origin. No hemorrhages were found elsewhere.

The Home Modification of Milk.—WESTCOTT (*Archives of Pediatrics*, January, February, 1898) proposes a simple method of calculating the proportions of cream and whole milk required to make any percentage-formula. The essential feature of the method lies in assuming a fixed average percentage of the proteids of mixed cream and milk. In combinations of 12 per cent. cream and milk this factor is taken as 3.90, and for 16 per cent. cream and milk 3.80 is used. Representing the desired percentages of fat and proteids by the symbols F and P, and the total quantity (ounces) of mixture by Q, the quantity of mixed cream and milk is obtained by the proportion

$$3.90 : P :: Q : x.$$

After working out the value of x, the quantity of cream (C) is found by substituting in the formula

$$C = \frac{Q.F - 4x}{8 \text{ or } 12},$$

the denominator of this fraction being 8 or 12 as 12 per cent. or 16 per cent. cream respectively is used. The quantity of milk is at once found by subtracting the value of C thus found from the value of x previously calculated.

The calculation of the amount of sugar of milk to be added is similarly made for any percentage of sugar desired (S) by the formula:

$$\text{Sugar in ounces} = \frac{Q.S - 4.4x}{100}.$$

After the quantities of milk, cream, and sugar are determined, dilution is made up to the total quantity required (Q) by the addition of water, barley-water, or any other chosen diluent.

BANER (*New York Medical Journal,* March 12, 1898) suggests similar methods of calculation, but by neglecting the differences in the proteid values of milk and cream and taking 4 as this common proteid factor, he calculates the quantity of cream required (16 per cent.) by the formula:

$$C = \frac{Q}{12} \times (F - P),$$

[the symbols being the same as in the previous formulæ].

The quantity of milk, then, is expressed by the formula:

$$M = \frac{Q \times P}{4} - C.$$

The quantity of sugar also, by assuming 4 as the percentage of sugar in the milk and cream, is obtained by the formula:

$$\text{Sugar} = \frac{(S - P) \times Q.}{100}$$

[By either of these methods home modification of milk can be accomplished with a considerable degree of accuracy. Westcott's method, like those proposed by Rotch and by Holt, is based upon analyses which have been adopted for laboratory modifications, and its results are very close to those secured by the laboratory. His proteid factor, 3.90, is the average between the 4 per cent. of whole milk and the 3.8 per cent. of 12 per cent. cream, while 3.80 represents the mean between 4 per cent. and the 3.6 per cent. of 16 per cent. cream. Baner's factor, 4, seems rather too high for the ordinary run of milk, and the addition of cream would tend still further to lower it. Whether 4.4 or 4 be taken for the sugar factor is not of great importance, and the integer makes the calculation more expeditious.]

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All communications should be addressed to

DR. EDWARD P. DAVIS, 250 South 21st Street, Philadelphia, U. S. A.
Or
DR. HECTOR MACKENZIE, 59 Welbeck St., Cavendish Sq., London, W., Eng.

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